

DEC 14 2005

PTO/SB/97 (08-03)

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Information Disclosure Statement (PI1615 US NA)  
Fee Transmittal Sheet

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NO. 206 P. 2

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:

Alan M. Allgeier

CASE NO.: PI1615 US NA

SERIAL NO. 10/713,535

GROUP ART UNIT: Unknown

FILED: November 12, 2003

EXAMINER: Unknown

FOR USE OF MODIFIERS IN A DINTRILE HYDROGENATION PROCESS

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. §§1.97-1.98, Applicants bring to the attention of the United States Patent & Trademark Office the foreign patent listed on the enclosed PTO/SB/08A form. A copy of the information, when required, is attached hereto.

Please charge the associated fee of \$180.00 to Deposit Account 50-3223 (INVISTA North America S.à r.l.). If this amount is in error, please debit or credit the above-identified account. A duplicate copy of this letter is enclosed.

Respectfully submitted,

By:

  
Robert B. Furr, Jr.

Dated: December 14, 2005

Reg. No.: 32,985

Telephone: (302) 683-3316

Facsimile: (302) 683-3473

12/15/2005 TL0111 00000049 503223 10713535  
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Substitute for form 1449/PTO			
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)			
Sheet	1	of	1

Complete if Known	
Application Number	10/719,535
Filing Date	November 12, 2003
First Named Inventor	Alan M. Algeier
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	PI1615USNA

[illegible]

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	7 <sup>o</sup>
		Country Code <sup>2</sup> -Number <sup>3</sup> -Kind Code <sup>4</sup> (if known)	MM-DD-YYYY			
		GB 728,599	04-20-1955	DuPont		
		WIPO 1999/047492	09-23-1999	DuPont		
		WIPO 2002/096862	12-05-2002	DuPont		
		WIPO 2003/006651	01-23-2003	Pioneer Hi-Bred Inter.		

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 301.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Translation is attached.

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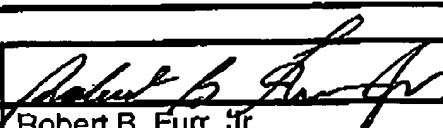
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>																																			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/713,535</td> </tr> <tr> <td>Filing Date</td> <td>November 12, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Alan M. Allgeier</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>PI1615USNA</td> </tr> </table>		Application Number	10/713,535	Filing Date	November 12, 2003	First Named Inventor	Alan M. Allgeier	Examiner Name	Unknown	Art Unit	Unknown	Attorney Docket No.	PI1615USNA																						
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>180.00</b>																																					
<b>METHOD OF PAYMENT (check all that apply)</b>																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>50-3223</u> Deposit Account Name: <u>Invista North America S.a.r.l.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> <b>Provide credit card information and authorization on PTO-2038.</b>																																					
<b>FEE CALCULATION</b>																																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																					
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<b>2. EXCESS CLAIM FEES</b>																																					
<b>Fee Description</b>		<b>Small Entity</b> <b>Fee (\$)</b> <b>Fee (\$)</b>																																			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50   25																																			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200   100																																			
Multiple dependent claims		360   180																																			
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>		<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>																																			
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<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>																																					
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HP = highest number of independent claims paid for, if greater than 3																																					
<b>3. APPLICATION SIZE FEE</b>																																					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																					
<b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>																																					
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____																																					
<b>4. OTHER FEE(S)</b>																																					
Non-English Specification, \$130 fee (no small entity discount)																																					
Other: <u>Information Disclosure Statement Fee</u>		180.00																																			
Signature: 		Registration No. 32,985 (Attorney/Agent)																																			
Name (Print/Type) <u>Robert B. Furr, Jr.</u>		Telephone 302-683-3316																																			
		Date <u>12/14/05</u>																																			

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